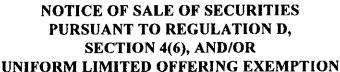
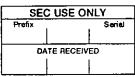
## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

# Washington, D.C. 20549

## FORM D



OMB APPROVAL						
OMB Number:	3235-0076					
Expires:						
Estimated averag	e burden					
hours per respons						



Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	
2008 Debentures and Warrants Financing	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 7 Rule 506 Section 4(6)	☐ ULOE
Type of Filing: New Filing Amendment	
	SEC Mall Proposition
A. BASIC IDENTIFICATION DATA  1. Enter the information requested about the issuer  Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  ADR 172008  Advanced Cell Technology, Inc.  Address of Executive Offices (Number and Street, City, State, Zip Code)  381 Plantation Street, Worcester, Massachusetts 01605  Address of Principal Business Operations (Number and Street, City, State, Zip Code)  (if different from Executive Offices)  Telephone Number (Including Area Code)	
1. Enter the information requested about the issuer	71:(;!
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	APR 1 7 2008
Advanced Cell Technology, Inc.	Par is a second
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephias Numbro (Indiana Area Code)
381 Plantation Street, Worcester, Massachusetts 01605	
	Telephone Number (Including Area Code)
Brief Description of Business	<u> </u>
Advanced Cell Technology, Inc. is a biotechnology company focused on developing and contechnology in the emerging fields of regenerative medicing and stem cell therapy.	nated  THOMSON  THOMSON  THOMSON
Type of Business Organization	20CE2
✓ corporation	olease specify):
business trust limited partnership, to be formed	2033 7000
Month Year	APRIL CON Y
Actual or Estimated Date of Incorporation or Organization: 111 015 Actual Estin	nated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State	THUNCIAL
CN for Canada; FN for other foreign jurisdiction)	DE FINA

### GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

1 of 9

		A. E	BASIC IDEN	LIFICATION	DATA			
2. Enter the information reque	sted for the fol	lowing:						
• Each promoter of the	ssuer, if the iss	uer has been o	rganized with	in the past five	years;			
<ul> <li>Each beneficial owner</li> </ul>	having the pow	er to vote or dis	pose, or direct	the vote or disp	osition of, 10	% or more of	f a clas	s of equity securities of the issuer.
Each executive officer	and director of	corporate issu	ers and of co	porate general	and managing	g partners of	partne	ership issuers; and
<ul> <li>Each general and man</li> </ul>	aging partner of	f partnership is	suers.					
Check Box(es) that Apply:	Promoter	Benefici	al Owner	/ Executive (	Officer 🖊	Director		General and/or Managing Partner
Full Name (Last name first, if in Caldwell, William M., IV	dividual)			<del></del>				
Business or Residence Address 11100 Santa Monica Boulev	•							
Check Box(cs) that Apply:	Promoter	Benefici	al Owner [	Executive (	Officer 🔽	Director		General and/or Managing Partner
Full Name (Last name first, if in Shapiro, Alan C., Ph.D.	dividual)					·		
Business or Residence Address 11100 Santa Monica Bouleve	•		•					
Check Box(es) that Apply:	Promoter	Benefici	al Owner [	Executive (	Officer 🔽	Director		General and/or Managing Partner
Full Name (Last name first, if in Ruoslahti, Erkki, M.D., Ph.D.	=							
Business or Residence Address	(Number and	Street, City, St	ate, Zip Code	)				100
11100 Santa Monica Boulev	ard, Suite 850	), Los Angele	s, CA 9002	5				
Check Box(es) that Apply:	Promoter	Benefici	al Owner [	Executive (	Officer 🔽	Director		General and/or Managing Partner
Full Name (Last name first, if in	dividual)					<del></del>		
Walton, Alan G., Ph.D., D.So	<b>;</b> .							
Business or Residence Address 11100 Santa Monica Boule	,	•						
Check Box(es) that Apply:	Promoter	Benefici	al Owner [	Executive (	Officer 🔽	Director		General and/or Managing Partner
Full Name (Last name first, if in Rabin, Gary	dividual)							
Business or Residence Address 11100 Santa Monica Boulev	•	Street, City, St. 0, Los Angele						
Check Box(es) that Apply:	Promoter	Benefici	al Owner [	Executive (	Officer [	Director		General and/or Managing Partner
Full Name (Last name first, if in	dividual)							
Business or Residence Address	(Number and	Street, City, St	ate, Zip Code	)				
Check Box(cs) that Apply:	Promoter	Benefici	al Owner [	Executive (	Officer [	Director		General and/or Managing Partner
Full Name (Last name first, if in	dividual)							
Business or Residence Address	(Number and	Street, City, St.	ate, Zip Code	)				
· ·	(Use blar	nk sheet, or cop	y and use add	litional copies	of this sheet,	as necessary	)	

1. Has t	he issuer sol	d, or does t	he issuer i	ntend to se	ll, to non-a	ccredited i	nvestors in	this offer	ing?		Yes	No
										· a		
2. What	is the minin	num investr	nent that w	ill be acce	pted from a	any individ	ual?		N/	A	\$	
3. Does	the offering	permit join	t ownershi	p of a sing	le unit?					•••••	Yes	No <b>K</b>
Answer also in Appendix, Column 2, if filling under ULOE.  2. What is the minimum investment that will be accepted from any individual?	<b>:</b>											
			ividual)									
Business	or Residence	Address (N	lumber and	d Street, Ci	ity, State, Z	(ip Code)						
Name of A	Associated B	roker or De	aler									
												• •
(Che	ck "All State	s" or check	individua	States)	***************************************	••••••••••••	•••••			*****	∐ Ai	1 States
MT	IN NE	IA NV	KS NH	KY VJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN	HI MS OR WY	MO RA PR
		-								,		
Business	or Residenc	e Address (	Number an	id Street, C	City, State, 2	Zip Code)						
Name of A	Associated B	roker or De	aler					•				
States in	Which Person	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
(Che	ck "All State	s" or check	individua	States)				•••••	***************************************		☐ Al	1 States
IL MT	IN NE	IA NV	KS NH	KY NJ	I.A.	ME NY	MD NC	MA ND	MI OH	MN OK	HI MS OR WY	ID MO PA PR
Full Name	e (Last name	first, if ind	ividual)					•	,			
Business	or Residenc	e Address (	Number an	d Street, C	ity, State,	Zip Code)						
Name of A	Associated B	roker or De	aler					<u></u>				
States in '	Which Person	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers			<del>.</del>			
	ck "All State							•••••			☐ Ali	l States
AL IL MT	AK IN NE SC	AZ IA NV	AR KS NH	CA KY NJ	CO LA NM	CT ME NY	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMB	ER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	b. Enter the difference between the aggregate offering and total expenses furnished in response to Part C — C proceeds to the issuer."	Question 4.a. This difference is the "adjusted gross		\$
5.	Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	[		. 🗆 \$
	Purchase of real estate			
	Purchase, rental or leasing and installation of mach	ninery [		. 🗆 \$
	Construction or leasing of plant buildings and facil	lities[		. 🗆 \$
	Acquisition of other businesses (including the valu offering that may be used in exchange for the asset issuer pursuant to a merger)	s or securities of another	¬\$	<b>□\$</b>
	Repayment of indebtedness	<del>-</del>		<del></del>
	Working capital			\$ 3,167,056.00
	Other (specify):		\$	. 🗆 \$
			s	
	Column Totals	[	\$ <u></u>	\$_3,167,056.00
	Total Payments Listed (column totals added)		_	167,056.00
Г		D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to furninformation furnished by the issuer to any non-accre	ish to the U.S. Securities and Exchange Commis	sion, upon writte	ale 505, the following on request of its staff,
İss	uer (Print or Type)		Date	
Ac	vanced Cell Technology, Inc.	2 1.1 01/000	April <u>//</u> , 2008	
	me of Signer (Print or Type)	Title of Signer (Print or Type)		
Wil	iam M. Caldwell, IV	Chief Executive Officer		

- ATTENTION ----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

1. 194		E STATE SIGNATURE	Profession of the second	
1.	Is any party described in 17 CFR 230. provisions of such rule?	262 presently subject to any of the disqualification	Yes	No
		See Appendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertal D (17 CFR 239.500) at such times as a	ces to furnish to any state administrator of any state in which this not required by state law.	ice is filed a no	tice on Form
3.	The undersigned issuer hereby undertaissuer to offerees.	kes to furnish to the state administrators, upon written request, in	formation furn	ished by the
4.	limited Offering Exemption (ULOE) o	the issuer is familiar with the conditions that must be satisfied to f the state in which this notice is filed and understands that the issutablishing that these conditions have been satisfied.	be entitled to ter claiming the	the Uniform e availability
	eer has read this notification and knows th thorized person.	e contents to be true and has duly caused this notice to be signed on i	ts behalf by the	undersigned
Issuer (	Print or Type)	Signature Date		
Advanc	ed Cell Technology, Inc.	JMM. (alduttett April !!	2008	
Name (	Print or Type)	Title (Print or Type)		
William	n M. Caldwell, IV	Chief Executive Officer	<u></u>	

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 4 2 3 1 Disqualification under State ULOE Type of security (if yes, attach Intend to sell and aggregate Type of investor and explanation of to non-accredited offering price waiver granted) amount purchased in State investors in State offered in state (Part E-Item 1) (Part C-Item 1) (Part C-Item 2) (Part B-Item 1) Security type for all states listed is: Number of Number of Non-Accredited Accredited Debentures and Investors \* Amount Investors Amount Yes No State Yes No warrants. AL AK ΑZ AR 9 \$3,218,231 \$927,231.00 CA X CO CT DE DC FL GA Н ID \$65,000.00 1 \$3,218,231  ${
m I\!L}$ × IN IA KS KY LA \$250,000.00 ME X \$3,218,231 1 MD MA MI MN

MS

# APPENDIX

1	to non-a	to sell	Type of security and aggregate offering price	Type of investor and			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted)		
		s in State -Item 1)	offered in state (Part C-Item 1)		amount pur (Part	chased in State C-Item 2)		(Part E-	
State	Yes	No	Security type for all states listed is: Debentures and warrants.	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО									
MT									
NE									
NV									
NH				-					
NJ		×	\$3,218,231	3	\$351,000.01				
NM									
NY		×	\$3,218,231	13	\$1,394,000.				
NC									
ND	ware for the second of								
ОН									
ОК									
OR						<u> </u>			
PA		×	\$3,218,231	1	\$84,000.00				<u>i</u>
RI									
sc									
SD									
TN							·	<u> </u>	
TX			!						
UT									
VT		×	\$3,218,231	1	\$61,000.00				
VA									
WA									
wv									
WI									

1	Intend to sell to non-accredited investors in State (Part B-Item 1)		3	4			Disgrap	lification	
			Type of security and aggregate offering price offered in state (Part C-Item 1)					under St (if yes explan waiver	ate ULOE, attach ation of granted) -Item 1)
State	Yes	No		Number of Accredited Non-Accredited Investors Amount Investors Amount				Yes	No
WY									
PR									

<sup>\*</sup> Please note that, although the number of accredited investors reported on page 4 of this Form D is 30, one investor is based outside of the United States and so is not reflected on this Appendix.

